

Exhibit 124

Confirmation

We have received your submission. Please confirm the following information and retain it for your records. Please track the status of your submission using the 'Track Status' function in the BSA E-Filing system.

Tracking ID: FF16-00557152
Receive Date/Time: 06/29/2016 21:36.08 PM
Submission Type: FFBAR
Owner Name: Michael Ben-Jacob
Owner E-mail: michael.ben-jacob@kayescholer.com
Filing Name: Avanix Management 2015 FBAR



Report of Foreign Bank and Financial Accounts Version Number 1.0

FinCEN Form 114 OMB No. 1506-0009 Effective October 1, 2013

The FBAR must be received by the Department of Treasury on or before June 30th of the year immediately following the calendar year being reported. The June 30th filing date may not be extended.

Steps to Submit

1. Complete the report in its entirety with all requested or required data known to the filer.
2. Click "Validate" to ensure proper formatting and that all required fields are completed.
3. Sign with PIN.
4. Click "Save", filers may also "Print" a paper copy for their records.
5. Click "Submit"

Filing name

Avanix Management 2015 FBAR

By providing my PIN, I acknowledge that I am electronically signing the BSA report submitted.

Sign with PIN

If this report is being filed late,
select the reason for filing late

This form should be used to report a financial interest in, signature authority, or other authority over one or more financial accounts in foreign countries, as required by the Department of the Treasury Regulations 31 CFR 1010.350. No report is required if the aggregate value of the accounts did not exceed \$10,000.

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), notice is hereby given that the authority to collect information on FinCEN 114 in accordance with 5 USC 552a (e) is Public Law 91-508, 31 USC 5314, 5 USC 301, 31 CFR 1010.350. The principal purpose for collecting the information is to assure maintenance of reports where such reports or records have a high degree of usefulness in criminal, tax, or regulatory investigations or proceedings. The information collected may be provided to those officers and employees of any constituent unit of the Department of the Treasury who have a need for the records in the performance of their duties. The records may be referred to any other department or agency of the United States upon the request of the head of such department or agency for use in a criminal, tax, or regulatory investigation or proceeding. The information collected may also be provided to appropriate state, local, and foreign law enforcement and regulatory personnel in the performance of their official duties. Disclosure of this information is mandatory. Civil and criminal penalties, including in certain circumstances a fine of not more than \$500,000 and imprisonment of not more than five years, are provided for failure to file a report, supply information, and for filing a false or fraudulent report. Disclosure of the Social Security number is mandatory. The authority to collect is 31 CFR 1010.350 (formerly 31 CFR 103.24). The Social Security number will be used as a means to identify the individual who files the report. The estimated average burden associated with this collection of information is 20 minutes per respondent or record keeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Financial Crimes Enforcement Network, P. O. Box 39, Vienna, VA 22183, Attn: Office of Regulatory Policy.

1 This report is for calendar year ended 12/31 **2015** Amended Prior Report BSA Identifier

Part I Filer Information

2 Type of filer	<input type="text" value="Fiduciary or Other"/>	<input type="text" value="Pension Plan"/>
3 U.S. Taxpayer Identification Number	471341014	
3a TIN type	<input type="text" value="EIN"/>	
4 Foreign identification		
a Type	<input type="text"/>	
b Number	<input type="text"/>	
c Country/Region of issue	<input type="text"/>	
5 Individual's date of birth	<input type="text"/>	
6 Last name or organization's name	Avanix Management LLC Roth 401(k) Plan	
7 First name	<input type="text"/>	
8 Middle name	<input type="text"/>	
8a Suffix	<input type="text"/>	
9 Address	c/o Avanix Management LLC, 250 West 55th Street	
10 City	New York	
11 State	NY	
12 ZIP/postal code	100199710	
13 Country/Region	US	

14a Does the filer have a financial interest in 25 or more financial accounts?

Yes Enter number of accounts If "Yes" is checked do not complete Part II or Part III, but retain records of this information

No

14b Does the filer have signature authority over but no financial interest in 25 or more financial accounts?

Yes Enter number of accounts If "Yes" is checked Complete Part IV items 34 through 43 for each person on whose behalf the filer has signature authority.

No

Part II Information on Financial Account(s) Owned Separately 1 of 2

15 Maximum account value	442,000	15a Maximum account value unknown	<input type="checkbox"/>
16 Type of account	Securities		
17 Financial institution name	Old Park Lane Capital Plc		
18 Account number or other designation	AVA01		
19 Address	49 Berkeley Square		
20 City	London	21 State	
22 Foreign postal code	W1J5AZ	23 Country/Region	GB

Part II Information on Financial Account(s) Owned Separately 2 of 2

15 Maximum account value	9,319,000	15a Maximum account value unknown	<input type="checkbox"/>
16 Type of account	Securities		
17 Financial institution name	Solo Capital Partners LLP		
18 Account number or other designation	AVA01		
19 Address	10 Exchange Square, Primrose Street		
20 City	London	21 State	
22 Foreign postal code	EC2A2EN	23 Country/Region	GB

Part III Information on Financial Account(s) Owned Jointly 1 of 1

Account Information

15 Maximum account value	<input type="text"/>	15a Maximum account value unknown	<input type="checkbox"/>
16 Type of account	<input type="text"/>	<input type="text"/>	
17 Financial institution name	<input type="text"/>		
18 Account number or other designation	<input type="text"/>		
19 Address	<input type="text"/>		
20 City	<input type="text"/>	21 State	<input type="text"/>
22 Foreign postal code	<input type="text"/>	23 Country/Region	<input type="text"/>
24 Number of joint owners	<input type="text"/>		

Principal Joint Owner Information

25 Taxpayer Identification Number (TIN)	<input type="text"/>	25a TIN type	<input type="text"/>
26 Last name or organization name	<input type="text"/>		
27 First name	<input type="text"/>		
28 Middle name	<input type="text"/>		
28a Suffix	<input type="text"/>		
29 Address	<input type="text"/>		
30 City	<input type="text"/>	31 State	<input type="text"/>
32 ZIP/postal code	<input type="text"/>	33 Country/Region	<input type="text"/>

**Part IV Information on Financial Account(s) Where Filer has Signature or Other Authority
but No financial Interest in the Account(s) 1 of 1**

Account Information

15 Maximum account value	<input type="text"/>	15a Maximum account value unknown	<input type="checkbox"/>
16 Type of account	<input type="text"/>	<input type="text"/>	
17 Financial institution name	<input type="text"/>		
18 Account number or other designation	<input type="text"/>		
19 Address	<input type="text"/>		
20 City	<input type="text"/>	21 State	<input type="text"/>
22 Foreign postal code	<input type="text"/>	23 Country/Region	<input type="text"/>

Owner Information

34 Last name or organization name	<input type="text"/>		
35 Taxpayer Identification Number (TIN)	<input type="text"/>	35a TIN type	<input type="text"/>
36 First name	<input type="text"/>		
37 Middle name	<input type="text"/>		
37a Suffix	<input type="text"/>		
38 Address	<input type="text"/>		
39 City	<input type="text"/>		
40 State/territory/province	<input type="text"/>		
41 ZIP/postal code	<input type="text"/>		
42 Country/Region	<input type="text"/>		
43 Filer's title with this owner	<input type="text"/>		

Part V Information on Financial Account(s) Where Filer is Filing a Consolidated Report 1 of 1

Account Information

15 Maximum account value	<input type="text"/>	15a Maximum account value unknown	<input type="checkbox"/>
16 Type of account	<input type="text"/>	<input type="text"/>	
17 Financial institution name	<input type="text"/>		
18 Account number or other designation	<input type="text"/>		
19 Address	<input type="text"/>		
20 City	<input type="text"/>	21 State	<input type="text"/>
22 Foreign postal code	<input type="text"/>	23 Country/Region	<input type="text"/>

Owner Information

34 Organization name	<input type="text"/>		
35 Taxpayer Identification Number (TIN)	<input type="text"/>	35a TIN type	<input type="text"/>
38 Address	<input type="text"/>		
39 City	<input type="text"/>		
40 State/territory/province	<input type="text"/>		
41 ZIP/postal code	<input type="text"/>		
42 Country/Region	<input type="text"/>		

Signature 44a Click here if this report is completed by a third party preparer, complete the third party preparer section.

44 Filer signature	<div style="border: 1px solid black; padding: 5px; text-align: center;">Please return to the Home tab to sign with PIN.</div>
45 Filer title	<input type="text"/>
46 Date of signature	<input type="text"/> (Date of signature will be auto-populated when the report is signed)

Third Party Preparer Use Only

47 Preparer's last name	<input type="text" value="Ben-Jacob"/>
48 First name	<input type="text" value="Michael"/>
49 Middle name/initial	<input type="text"/>

50 Check if self employed

51 Preparer's TIN	<input type="text" value="P01414045"/>	51a TIN type	<input type="text" value="PTIN"/>
52 Contact phone number	<input type="text" value="2128368310"/>	52a Extension	<input type="text"/>
53 Firm's name	<input type="text" value="Kaye Scholer LLP"/>		
54 Firm's TIN	<input type="text" value="131672623"/>	54a TIN type	<input type="text" value="EIN"/>
55 Address	<input type="text" value="250 West 55th Street"/>		
56 City	<input type="text" value="New York"/>		
57 State	<input type="text" value="NY"/>		
58 ZIP/postal code	<input type="text" value="100199710"/>		
59 Country/Region	<input type="text" value="US"/>		